

IMP 011

Office of the Inspector General (OIG)

The OIG is part of the federal Department of Health and Human Services.

The OIG maintains a registry of individuals who are excluded from work in a federally funded health care setting. It is dedicated to combating fraud, waste and abuse and to improving the efficiency of HHS programs. A majority of OIG's resources goes toward the oversight of Medicare and Medicaid.

The OIG has the authority to exclude individuals and entities from Federally funded health care programs pursuant to the Social Security Act, [§1128](#) and [§1156](#) and maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals and Entities (LEIE). Anyone who receives Federal funds and hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP).

Exclusions are imposed for a number of reasons:

Mandatory exclusions: OIG is required by law to exclude from participation in all Federal health care programs individuals and entities convicted of the following types of criminal offenses: Medicare or Medicaid fraud, as well as any other offenses related to the delivery of items or services under Medicare, Medicaid, SCHIP, or other State health care programs; patient abuse or neglect; felony convictions for other health care-related fraud, theft, or other financial misconduct; and felony convictions relating to unlawful manufacture, distribution, prescription, or dispensing of controlled substances.

Permissive exclusions: OIG has discretion to exclude individuals and entities on a number of grounds, including misdemeanor convictions related to health care fraud other than Medicare or a State health program, fraud in a program (other than a health care program) funded by any Federal, State or local government agency; misdemeanor convictions relating to the unlawful manufacture, distribution, prescription, or dispensing of controlled substances; suspension, revocation, or surrender of a license to provide health care for reasons bearing on professional competence, professional performance, or financial integrity; provision of unnecessary or substandard services; submission of false or fraudulent claims to a Federal health care program; engaging in unlawful kickback arrangements; and defaulting on health education loan or scholarship obligations; and controlling a sanctioned entity as an owner, officer, or managing employee.

An employer or applicant who questions the accuracy of the BCC's information regarding the OIG should conduct an independent inquiry by accessing the [OIG website](#) and going to the online searchable database. The report in the BCC is derived from that source.

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